**State of Michigan**
Department of Management and Budget
Space Estimator (Page 1 of 4)
**(Must be submitted with your 618)**

## Office Work Area Requirements

**Agency:** Gogebic County
**Department:** Dept. Of Health & Human Services
**Location:**

**Contact Person:**
**Telephone:**
**Email:**

**Creation Date:** October 16, 2017
**Revised Date:**

| | | | | | Current Space Needs | | Future Space Needs | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| **Work Areas** | **Attributes** | **Standard Net Square Feet (NSF)** | **User Override NSF** | **x** | **Current Number of Staff** | **Current Net Work Area** | **Staff Growth** | **Total Number of Staff** | **Total Net Work Area** | **Comments** (Required when using User Override) |
| Department Director | Enclosed Office | 350 | | x | | 0 | | 0 | 0 | |
| Chief Deputy Director (19 & above) | Enclosed Office | 250 | | x | | 0 | | 0 | 0 | |
| Deputy Director, Assistant Director, Bureau Director (18 & above) | Enclosed Office | 225 | | x | | 0 | | 0 | 0 | |
| Division Heads or Chiefs, Agency Director (18 & above) | Enclosed Office | 180 | | x | | 0 | | 0 | 0 | |
| Special Designation Office (requires justification) | Enclosed Office | 150 | | x | 1 | 150 | | 1 | 150 | County Director 17 |
| Assistant Division Director or Chief, Managers (13 & above) | Open Office | 120 | | x | | 0 | | 0 | 0 | |
| Supervisors | Open Office | 80 | 64 | x | 7 | 448 | | 7 | 448 | (6) 1st line surpervisors (1) 2nd line supervisor |
| Professionals, Technicians | Open Office | 80 | 64 | x | 11 | 704 | | 11 | 704 | (1)IOW, (3) Ad Support, (7) ES/FIS, |
| Part-Time, Students, Interns, Field Staff, etc. | Open Office | 48 | | x | | 0 | | 0 | 0 | |
| Hotelling Space | Shared Open Office | 20 | 48 | x | 11 | 528 | | 11 | 528 | (11) Services Specialists |
| | | | | | **Total Current Work Area Requirements** Staff **30** Area **1,830** | | **Total Future Work Area Requirements** Staff **30** Area **1,830** | | | |

**State of Michigan**
Department of Management and Budget
Space Estimator (Page 2 of 4)
**(Must be submitted with your 618)**

**Special Support Area Requirements**

**Agency:** Gogebic County
**Department:** Dept. Of Health & Human Services
**Location:**

**Contact Person:**
**Telephone:**
**Email:**

**Creation Date:** October 16, 2017
**Revised Date:**

| Public Use Space | Attributes | Standard Net Square Feet (NSF) | User Override NSF | x | Standard Number of Areas | Space Needs: Number of Areas | Space Needs: Total Area | Comments |
|---|---|---|---|---|---|---|---|---|
| Reception Area | | N/A | 499 | x | N/A | 1 | 499 | 2 windows to the lobby |
| Service Counter/Waiting Area | | N/A | 600 | x | N/A | 1 | 600 | 2 kiosks, 20 clients/visitors |
| Security Guard Station | | N/A | | x | N/A | | 0 | |
| Interview Rooms | | 120 | | x | N/A | 3 | 360 | |
| Public Access Toilet Facilities | | 80 | | x | N/A | 2 | 160 | (2) unisex restrooms with baby changing table |
| | | | | | TOTAL PUBLIC USE SPACE: | | 1,619 | |

| Conference & Meeting Space | Attributes | Standard Net Square Feet (NSF) | User Override NSF | x | Standard Number of Areas | User Override Number of Areas | Total Area | Comments (Required when using User Override) |
|---|---|---|---|---|---|---|---|---|
| Conference (40+ Person) | | 800 | N/A | x | 0 | 1 | 800 | All staff meeting/large group training |
| Conference (10-12 Person) | | 225 | N/A | x | 0 | | 0 | |
| Conference (6-8 Person) | | 150 | N/A | x | 1 | 1 | 150 | |
| Conference (2-4 Person) | | 100 | N/A | x | 2 | 2 | 200 | Teaming Rooms |
| Team Work Area | | 120 | 150 | x | 0 | 1 | 150 | Volunteer items include donated clothes for childresn, diapers, blankets, laundry soap, househould cleaning necessaties, etd. |
| | | | | | TOTAL CONFERENCE & MEETING SPACE: | | 1,300 | |

| Special Use Space | Attributes | Standard Net Square Feet (NSF) | User Override NSF | x | Standard Number of Areas | User Override Number of Areas | Total Area | Comments (Required when using User Override) |
|---|---|---|---|---|---|---|---|---|
| Mail Area | | 80 | | x | 1 | | 80 | |
| Records & Storage | Enclosed file / supply storage. | 100 | 400 | x | 0 | 1 | 400 | Closed CPS/Child Welfare Files in secured area, all other filing in another area. |
| Copy / Fax Area | (1 for every 30 staff) | 36 | N/A | x | 2 | 2 | 72 | |
| Recycling Station | (1 for every 60 staff) | 36 | N/A | x | 1 | | 36 | |
| Lunch / Break Room | (Assumes 20% usage) | 160 | | x | 1 | | 160 | |
| First Aid Room | | 120 | | x | 0 | | 0 | |
| Unassigned Filing | (1 lateral file for 2 staff) | 9 | N/A | x | 15 | | 135 | |
| LAN / Telecommunications Closet | (1 closet for 150 staff) | 150 | | x | 1 | | 150 | |
| | | | | | TOTAL SPECIAL USE SPACE: | | 1,033 | |

**TOTAL SPECIAL SUPPORT AREA REQUIREMENTS:** 3,952

**State of Michigan**
Department of Management and Budget
Space Estimator (Page 3 of 4)
**(Must be submitted with your 618)**

**User Defined Area (Non-Standard Office Space)**

**Agency:** Gogebic County
**Department:** Dept. Of Health & Human Services
**Location:**

**Contact Person:**
**Telephone:**
**Email:**

**Creation Date:** October 16, 2017
**Revised Date:**

| | | | | | | Space Needs | | |
|---|---|---|---|---|---|---|---|---|
| **User Defined Space** | **Attributes** | **Standard Net Square Feet (NSF)** | **User Override NSF** | **x** | **Standard Number of Areas** | **User Override Number of Areas** | **Total Area** | **Comments** (Required) |
| Parenting Time Room | One way mirror and audio | N/A | 192 | x | N/A | 2 | 384 | |
| Observation Room | One way mirror and audio | N/A | 80 | x | N/A | 1 | 80 | Located between visitation rooms |
| Lacatation Room | | N/A | 80 | x | N/A | 1 | 80 | Closed room with locked door and electrical for nursing mothers |
| Janitor's Closet | cleaning services/sink | N/A | 150 | x | N/A | 1 | 150 | janitor storage/slop sink required |
| employee restrooms | | N/A | 150 | x | N/A | 2 | 300 | Male and female |
| **TOTAL USER DEFINED AREA REQUIREMENTS:** | | | | | | | **994** | |

**State of Michigan**
Department of Management and Budget
Space Estimator (Page 4 of 4)
**(Must be submitted with your 618)**

## Summary Page

| | | |
|---|---|---|
| **Agency:** Gogebic County | **Contact Person:** | **Date:** October 16, 2017 |
| **Department:** Dept. Of Health & Human Services | **Telephone:** | **Date Revised:** |
| **Location:** | **Email:** | |
| | | **DMB Project Number:** |

| | Current Space Needs | | Future Space Needs | | Comments |
|---|---|---|---|---|---|
| **Office Work Area Requirements** | **Staff** | **Area** | **Staff** | **Area** | |
| **Enclosed Office** | 1 | 150 | 1 | 150 | |
| **Open Office** | 29 | 1,680 | 29 | 1,680 | |
| TOTAL NET WORK AREA REQUIREMENTS: | **30** | **1,830** | **30** | **1,830** | |

| | Space Needs | Comments |
|---|---|---|
| **Special Support Area Requirements** | **Area** | |
| **Public Use Area** | 1,619 | |
| **Conference & Meeting Area** | 1,300 | |
| **Special Use Area** | 1,033 | |
| **User Defined Area** | 994 | |
| TOTAL NET SPECIAL SUPPORT AREA REQUIREMENTS: | **4,946** | |
| TOTAL NET OFFICE SPACE REQUIREMENTS: | **6,776** | |

Net to Usable Ratio: 70%
User Override Net to Usable Ratio:

**TOTAL USABLE OFFICE SPACE REQUIREMENTS:** **9,680** Square Feet

**Total Current Staff:** 30
**Total Future Staff:** 30
**Percent Growth:** **0%**